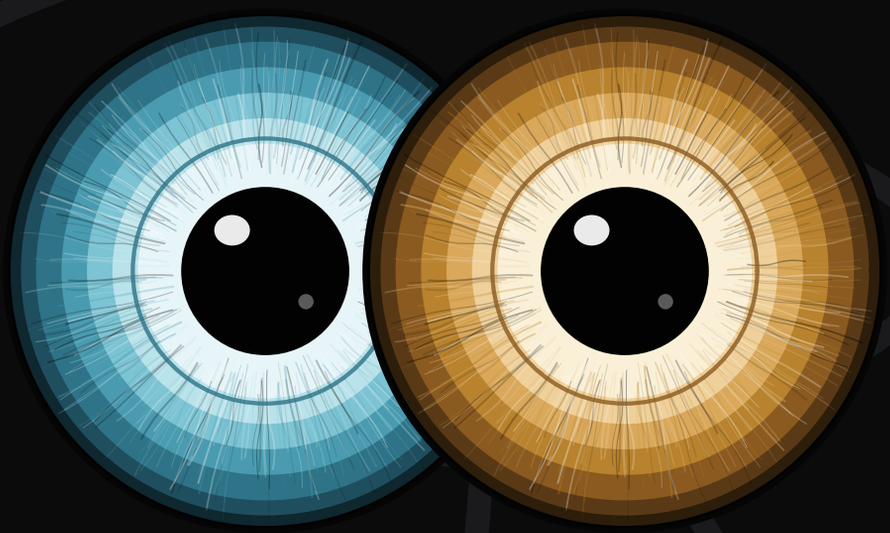
OPHTHALMOLOGY

Look-Alike *Atlas*

131 pairs. One sign apart.

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5 sheets



vs

Same eye. Different disease.

131	262	131	5
PAIRS	SIGNS	MCQs	VOLUMES

MAHMOUD METWALY
Ophthalmologist

INSIDE THIS SAMPLE

5 look-alike pairs.

Can you spot the difference?

01 **Acute Angle Closure vs Acute Anterior Uveitis**
Red Eye

02 **Glaucomatous Disc vs Physiological Large Cup**
Glaucoma

03 **Toxoplasma vs Acute Retinal Necrosis**
Uveitis

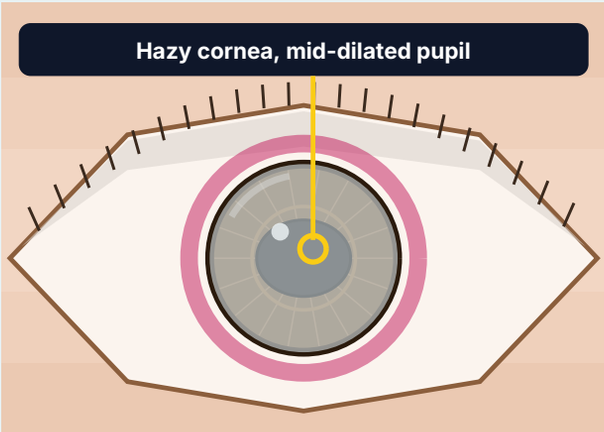
04 **Choroidal Naevus vs Choroidal Melanoma**
Ocular Tumours

05 **Horner Syndrome vs Physiological Anisocoria**
Neuro-ophthalmology

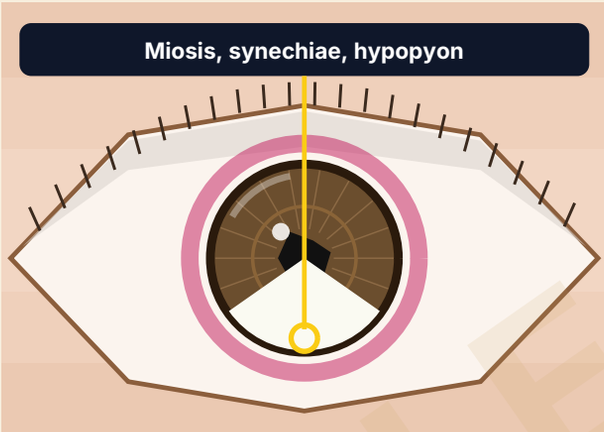
Look at the illustrations first. Find the sign. Then check the table.

Acute Angle Closure *vs* Acute Anterior Uveitis

Acute Angle Closure



Acute Anterior Uveitis



KEY DISCRIMINATOR AACG: mid-dilated fixed pupil, corneal oedema, IOP often > 40 mmHg; AAU: small pupil, KPs, AC cells.

Feature	Acute Angle Closure	Acute Anterior Uveitis
Pupil	Mid-dilated, oval, unreactive	Small, may be irregular (synechiae)
Cornea	Microcystic epithelial oedema	Clear; KPs on endothelium
AC	Shallow, mild flare	Normal depth; cells ± hypopyon
IOP	Markedly raised	Normal/low (raised in HSV/VZV, PSS)
Treatment	IOP lowering, pilocarpine, laser PI both eyes	Topical steroid + cycloplegic

PITFALL Cycloplegic in AACG or pilocarpine in uveitis worsens each condition.

EXAM PEARL Glaukomflecken = sign of a previous acute attack.

SELF-TEST 3 **Which feature favours acute angle closure over acute anterior uveitis?**

A. Small irregular pupil

B. Mutton-fat KPs

C. Mid-dilated oval fixed pupil with corneal oedema

D. Hypopyon

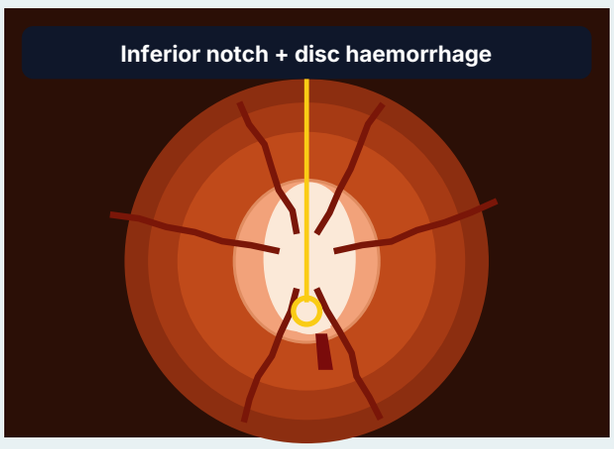
Answer in the Answer Key at the end of the atlas.

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Glaucomatous Disc *vs* Physiological Large Cup

Glaucomatous Disc



Physiological Large Cup



KEY DISCRIMINATOR Physiological cups are round, symmetric, in a LARGE disc with healthy rim following ISNT; glaucoma notches the rim.

Feature	Glaucomatous Disc	Physiological Large Cup
Disc size	Normal / small	Large (macrodisc)
Cup shape	Vertically elongated	Round, horizontally oval
ISNT rule	Broken (inferior/superior thinning)	Preserved
Symmetry	Asymmetric (> 0.2)	Symmetric
OCT RNFL	Thinned	Normal

PITFALL Labelling a macrodisc as glaucoma.

EXAM PEARL Disc haemorrhage at the rim = progression risk.

SELF-TEST 45 **Which finding most favours glaucoma over physiological cupping?**

A. Large disc

B. Round cup

C. Inferior rim notch with disc haemorrhage

D. Symmetric cups

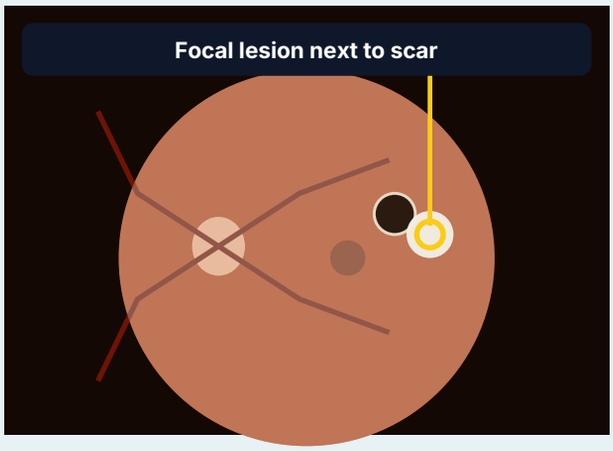
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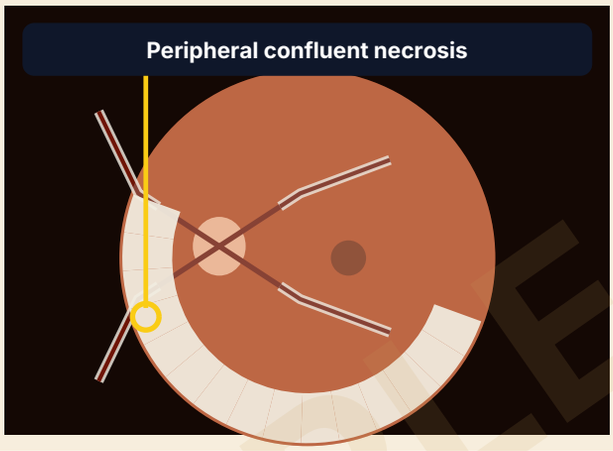
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Toxoplasma Retinochoroiditis *vs* Acute Retinal Necrosis

Toxoplasma Retinochoroiditis



Acute Retinal Necrosis



KEY DISCRIMINATOR Toxo: single focal lesion beside pigmented scar ('headlight in fog'); ARN: peripheral confluent necrosis with arteritis.

Feature	Toxoplasma Retinochoroiditis	Acute Retinal Necrosis
Lesion	Single focal, satellite to scar	Peripheral circumferential
Vitritis	Dense	Marked
Vasculitis	Mild	Occlusive arteritis
Diagnosis	Clinical ± serology	Aqueous PCR (VZV/HSV)
Treatment	Septrin / pyrimethamine regimen	IV acyclovir / valacyclovir

PITFALL Steroids without antivirals in ARN.

EXAM PEARL RRD in ~75% of ARN.

SELF-TEST 59 **Peripheral confluent necrosis with arteritis in a healthy adult. First action?**

A. Septrin

B. IV acyclovir + aqueous PCR

C. Oral prednisolone

D. Observe

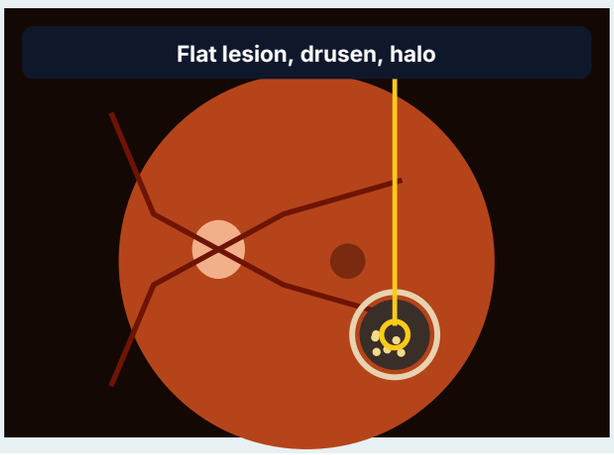
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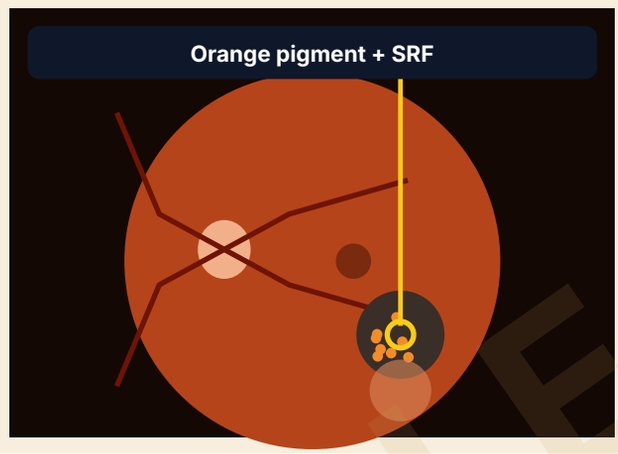
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Choroidal Naevus *vs* Choroidal Melanoma

Choroidal Naevus



Choroidal Melanoma



KEY DISCRIMINATOR TFSOM-UHHD: Thickness > 2 mm, Fluid, Symptoms, Orange pigment, Margin ≤ 3 mm from disc, UltraSound Hollowness, Halo absent, Drusen absent.

Feature	Choroidal Naevus	Choroidal Melanoma
Thickness	< 2 mm	> 2 mm
Surface	Drusen (chronic)	Orange pigment, SRF
Halo	Present	Absent
US	Flat, high reflectivity	Acoustic hollowness
Action	Photograph, annual review	Refer ocular oncology

PITFALL Ignoring SRF over a 'naevus'.

EXAM PEARL Risk factors mnemonic: To Find Small Ocular Melanoma Using Helpful Hints Daily.

SELF-TEST 88 **Which feature most favours melanoma?**

A. Drusen

B. Halo

C. Orange pigment and SRF

D. Flat

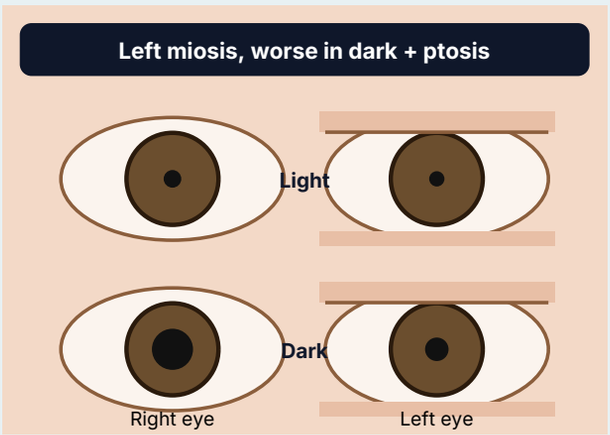
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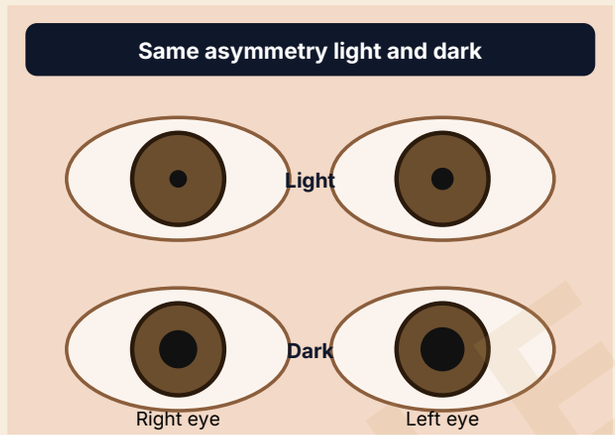
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Horner Syndrome *vs* Physiological Anisocoria

Horner Syndrome



Physiological Anisocoria



KEY DISCRIMINATOR Horner: anisocoria greater in dark with dilation lag, mild ptosis + reverse ptosis; apraclonidine reverses it.

Feature	Horner Syndrome	Physiological Anisocoria
Anisocoria	Greater in dark	Same in light & dark
Ptosis	Mild + reverse	None
Dilation lag	Present	Absent
Apraclonidine	Reversal	No change
Cocaine	Fails to dilate	Dilates

PITFALL Painful Horner = carotid dissection: urgent CTA.

EXAM PEARL Hydroxyamphetamine localises pre vs post ganglionic.

SELF-TEST 103 **Acute painful Horner after neck manipulation. Next step?**

A. Apraclonidine test only

B. Urgent CTA/MRA neck

C. Chest X-ray

D. Observe

Answer in the Answer Key at the end of the atlas.

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